

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 11/26/01.
 - b. The request was received on 02/18/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Request for Medical Dispute
 - b. HCFA-1500
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60 and Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/17/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 06/19/02. The response from the insurance carrier was received in the Division on 07/03/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of a letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 05/02/02
"For date of service 11/26/01 we billed....CPT codes...23420...23120...29822....These procedures were performed through separate incisions...and should have been paid at 100%....we were reimbursed 100% for code 23420....and paid 29822 at 100%....procedure 23120 still remains paid at 50%....We are asking for...reimbursement in the amount of \$404.50 for ...code 23120."
2. Respondent: Letter dated 07/03/02
"(Carrier) reimbursed the requestor the 100% of the MAR amounts as \$1922 for CPT Code 23420 and \$1517 for CPT Code 29822....(Carrier) reimbursed the requestor 50%

...for CPT Code 23120 in the amount of \$404.50 based on the multiple procedures ground rules.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11/26/01.
2. Per the provider’s TWCC-60, the amount billed is \$809.00; the amount paid by the carrier is \$404.50; the amount in dispute is \$404.50.
3. The carrier denied additional reimbursement by code, “F – REDUCTION ACCORDING TO MEDICAL FEE GUIDELINES.”
4. The CPT code in dispute is 23120, right shoulder excision claviclectomy; partial. The incision for this procedure was a separate incision from the primary procedure incision (CPT code 23420 – reconstruction of the rotator cuff) as indicated in the procedure report.
6. According to the Medical Fee Guideline Surgery Ground Rules (I) (D) (c), “Secondary or subsequent procedures performed in remote areas that are unrelated to the primary procedure and requiring additional preparation shall be reimbursed at the lesser of the provider’s usual and customary fee or 100% of the MAR.” The CPT code 23120 procedure is unrelated to the primary procedure, therefore, \$404.50 additional reimbursement is recommended to the provider.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$404.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 2nd day of October 2002.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm